

Alien (Alien #, Name, Address, Phone): Sex: <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth (Mo./Day/Yr.): <input type="checkbox"/> CLASS B-1 – Tuberculosis, clinically active, not infectious <input type="checkbox"/> CLASS B-2 – Tuberculosis, not clinically active, not infectious		REPORT ON ALIEN WITH TUBERCULOSIS <i>LOCAL HEALTH OFFICER:</i> This person recently entered the United States and is referred to you because the X-ray shows findings consistent with tuberculosis, as indicated in the accompanying report of medical examination performed abroad. This person may not have received chemotherapy or chemoprophylaxis and is referred to you because you may wish to initiate preventative treatment. Your initial evaluation would be appreciated. Please check the appropriate boxes below and return this form to the State Health Officer.* If the alien does not report by _____ please check here <input type="checkbox"/> and forward this form to the State Health Officer.* Retain for your records the accompanying report of examination performed abroad (OF-157). <i>*Military will send directly to the CDC.</i>					
Your Initial Evaluation: <table border="0" style="width: 100%;"> <tr> <td style="width: 25%;"> A. Direct Smear (in U.S.) <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done </td> <td style="width: 25%;"> B. X-ray (in U.S.) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Done </td> <td style="width: 25%;"> C. X-ray (abroad) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Done <input type="checkbox"/> Unavailable </td> <td style="width: 25%;"> D. Presumptive Diagnosis <input type="checkbox"/> Pulmonary TB - Active <input type="checkbox"/> Pulmonary TB – Not Active <input type="checkbox"/> Pulmonary TB – Activity Undetermined <input type="checkbox"/> Extrapulmonary TB <input type="checkbox"/> Non-TB Abnormality <input type="checkbox"/> No abnormality </td> </tr> </table> E. Has patient received chemotherapy/prophylaxis in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown F. Are you prescribing chemotherapy/prophylaxis? <input type="checkbox"/> Yes <input type="checkbox"/> No				A. Direct Smear (in U.S.) <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done	B. X-ray (in U.S.) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Done	C. X-ray (abroad) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not Done <input type="checkbox"/> Unavailable	D. Presumptive Diagnosis <input type="checkbox"/> Pulmonary TB - Active <input type="checkbox"/> Pulmonary TB – Not Active <input type="checkbox"/> Pulmonary TB – Activity Undetermined <input type="checkbox"/> Extrapulmonary TB <input type="checkbox"/> Non-TB Abnormality <input type="checkbox"/> No abnormality
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This form is not intended to substitute for normal procedures for reporting tuberculosis to the state Health Department.		NOTE TO STATE HEALTH OFFICER: Upon receiving this completed copy from the Local Health Officer, please forward to: Division of Quarantine, Data Mgr (E03) Centers for Disease Control and Prevention (CDC) Atlanta, GA 30333					